

Lincoln Police Department
Thomas K. Casady, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492



MAYOR COLEEN J. SENG

www.ci.lincoln.ne.us

September 1, 2005

Mayor Seng and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Seng and Members of the City Council:

An investigation has been made regarding the application of U.N.C.-R Inc., d.b.a. Uncle Ron's, 340 West Cornhusker requesting a class C liquor license.

This establishment was previously known as the Royal Grove which held a class C liquor license.

Ronald Tegtmeier, owner has requested that he be approved as the manager of the liquor license.

Background information on the applicant will be omitted as he has been approved by Council on two previous liquor licenses.

Stockholder information and criminal histories have been included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency



Liquor License Business Report

Completed by Inv. Fosler #843

Business Name: Uncle Ron's

Address : 340 W. CORN Phone: ~~474-3223~~ 474-2332

Type of Investigation : Purchase Upgrade Expansion New
Owner Manager Other: _____

Type of Business: Bar

Liquor Class A B C D I J K Catering Other: _____

Ownership: Corporation Partnership Individual

Amount Financed: 120,000 Source: HASTING STATE BANK

Lease Agreement: Bought \$1m on contract
Building

Sales: %Food: _____ %Liquor: 100

Located: Commercial Industrial Residential

Traffic Flow: moderate Off Street Parking: Yes No

Ready for Operation: Yes No/ Est Date: Sept 1 05

Food Service: Yes No Employees: F/T 2 P/T 25-30

Est Seating: 850 + Est Daily Customers 500-600

Hours of Operation: 4pm - 1am 7 days

Any Additional Comments: _____

Liquor License Investigation

Business (DBA) UNCLE RON'S

☒ Manager

☒ Owner

Other _____

Name: Ronald TEGTMER

US Citizen ?

☒ Yes

No

Has applicant ever been cited for liquor law violations ?

☒ No

Yes

Explain _____

Does applicant have an interest in another liquor license ?

☒ No

Yes

Explain _____

Is spouse qualified to hold a license ? Yes

No

☒ N/A

How is applicant if not an owner to be paid ?

Salary

Hourly

How many hours will applicant be at the establishment ?

60+

Any other employment ?

☒ No

Yes, explain _____

Any previous experience with a liquor license ?

☒ Yes

No

Any criminal convictions ?

No

☒ Yes

Comments

~~SEE~~ SEE ATTACHED

Is applicant a property owner in Lincoln ?

☒ Yes

No

Is applicant involved in any civil litigation ?

☒ No

Yes

Comments _____

☒ Photo

☒ Records Check

☒ References

Comments _____

Interview Date 9/1/05



Dave Heineman
Governor

9-19-05
STATE OF NEBRASKA

NEBRASKA LIQUOR CONTROL COMMISSION
Hobert B. Rupe

Executive Director

301 Centennial Mall South, 5th Floor

P.O. Box 95046

Lincoln, Nebraska 68509-5046

Phone (402) 471-2571

Fax (402) 471-2814

TRS USER 800 833-7352 (TTY)

web address: <http://www.nol.org/home/NLCC/>

August 29, 2005

Lincoln City Clerk
City/County Building
555 S 10 Street
Lincoln, NE 68508

A5-096695

Dear Local Governing Body:

Attached is the form to be used on all retail liquor license applications. Local clerks must collect proper license fees and occupation tax per ordinance, if any, before delivering the license at time of issuance.

TWO KEY TIME FRAMES TO KEEP IN MIND ARE:

- 1) You have 45 days to conduct a hearing after the date of receipt of the notice from this Commission (§53-134). You may choose **NOT** to make a recommendation of approval or denial to our Commission.

PER §53-133, THE LIQUOR CONTROL COMMISSION SHALL SET FOR HEARING ANY APPLICATION WHEREIN:

- 1) There is a recommendation of denial from the local governing body,
- 2) A citizens protest; or
- 3) Statutory problems that the Commission discovers.

PLEASE NOTE A LICENSEE MUST BE "PROPERLY" LICENSED IN ORDER TO PURCHASE FROM WHOLESALERS, AND A LICENSE IS EFFECTIVE:

- 1) Upon payment of the license fees;
- 2) Physical possession of the license;
- 3) Effective date on the license.

Sincerely,

Jackie B. Matulka

NEBRASKA LIQUOR CONTROL COMMISSION
Jackie B. Matulka
Licensing Division

Enclosures

Rhonda R. Flower
Commissioner

Bob Logsdon
Chairman

R.L. (Dick) Coyne
Commissioner

An Equal Opportunity/Affirmative Action Employer

Printed with soy ink on recycled paper

FORM 35-4001
REV. 12/99

Local-jbm

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AUG 10 2005

RECEIVED

JUL 28 2005

APPLICATION FOR LICENSE

Nebraska Liquor Control Commission
PO Box 95046,
301 Centennial Mall South
Lincoln, NE 68509-5046

http://www.nol.org

NEBRASKA LIQUOR
CONTROL COMMISSION
Phone: (402) 471-2814
Fax: (402) 471-2814

NEBRASKA LIQUOR
CONTROL COMMISSION

C# 69885

INSTRUCTIONS: Include: 1. Applicable fees payable to Liquor Control Commission 2. Copy of birth certificate or naturalization papers proving U.S. citizenship for each individual and spouse named on application (not required of corporations or spouse(s) who file an affidavit of no interest with application, Commission form 4178 3. Corporations must include copy of articles of incorporation as filed with the Secretary of States office in the state of Nebraska 4. Commission checklist, form 4251 5. Fingerprint cards and processing fees (are required of individuals, all partners and spouses. Corporate applicants must file for CEO/Manager & stockholders holding over 25% stock 6. All applications must be typewritten or printed clearly 7. Submit in Triplicate 8. Required areas marked by a red asterisk (*)

CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND LIST OF FEES FOR EACH

Class of License (Check applicable class) *	Registration Fee	License Fees	Corporate Surety Bond *send copy
<input type="checkbox"/> A Beer, On Sale Only - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> B Beer, Off Sale Only - Inside/Outside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> I Spirits, Wine, Beer, On Sale Only - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> D Spirits, Wine, Beer, Off Sale Only - Inside Corporate Limits	\$45.00		exempt
<input checked="" type="checkbox"/> C Spirits, Wine, Beer On & Off Sale - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> O Boat	\$45.00	\$50.00	exempt
<input type="checkbox"/> V Manufacturer of Beer, Wine & Distilled Spirits	\$45.00	Varies \$100 to \$1,000	*\$10,000 min.
<input type="checkbox"/> X Wholesale Liquor	\$45.00	\$500.00	*\$ 5,000 min.
<input type="checkbox"/> W Wholesale Beer	\$45.00	\$250.00	*\$ 5,000 min.
<input type="checkbox"/> Y Farm Winery	\$45.00	\$250.00	*\$ 1,000 min.
<input type="checkbox"/> L Craft Brewery (Brew Pub)	\$45.00	\$250.00	*\$4,000 min.

FILED
AUG 30 PM 2 16
CITY CLERK'S OFFICE
LINCOLN
NEBRASKA

TYPE OF APPLICATION *	NAME OF PERSON ASSISTING WITH APPLICATION	
Type of application being applied for (check appropriate box)		
1. <input type="radio"/> Individual License requires Form 1 to be attached.	Name Daniel E. Klaus	
2. <input type="radio"/> Partnership License requires Form 2 to be attached.	Firm Name	Address
3. <input checked="" type="radio"/> Corporate License requires Forms 3 and Manager Application to be attached	Rembolt Ludtke, LLP	1201 Lincoln Mall, Suite 102, Linc

SECTION A -- LOCATION INFORMATION -- Must be completed by all applicants

Trade Name (name of business) Uncle Ron's		Telephone Number at premise to be licensed (402) 474-2332	
1) Street Address of Proposed licensed premise 340 West Cornhusker Highway		2) Mailing Address for receipt of Liquor Control Commission mailings 340 West Cornhusker Highway	
City Lincoln	County Lancaster	City Lincoln	County Lancaster
Zip Code 68521	Is this located inside the city limits? <input checked="" type="radio"/> Yes <input type="radio"/> No		Zip Code 68521

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

In the space provided draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations where only a portion of the entire bldg. is to be covered by the license. No blue prints will be accepted. Be sure to indicate the direction North and number of floors of the building.

x

Attached

Example: East portion approximately 50' x 100' of main floor of 3 story building plus basement. Approximately 30' x 50' at the East end.

SECTION B		OTHER INFORMATION REQUIRED *		Explanation/Comments Note: Only what is visible on screen will be printed
	Yes	No		
<p>* 1. READ CAREFULLY. Answer completely and accurately.</p> <p>Has anyone who is a party to this application, or their spouse, <u>ever</u> been convicted of or plead guilty to any criminal charge. Criminal charge means any charge alleging a felony or misdemeanor violation of a federal or state law; or a violation of a local law, ordinance or resolution. Include any DWIs or DUIs. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.</p>	Yes <input checked="" type="radio"/>	No <input type="radio"/>		See attached.
<p>* 2. Are you buying the business and/or assets of a licensee? If yes, submit a copy of the sales agreement with a listing of assets being acquired including liquor inventory (name brand and container size required).</p>	Yes <input checked="" type="radio"/>	No <input checked="" type="radio"/>		See attached.
<p>* 3. Are you filing a temporary agency agreement, Commission form 4231, whereby current licensee allows you to operate on their license? If yes, attach copy.</p>	Yes <input checked="" type="radio"/>	No <input type="radio"/>		
<p>* 4. Are you borrowing any money from any source to establish and/or operate the business? If yes, list the lender.</p>	Yes <input checked="" type="radio"/>	No <input type="radio"/>		Hastings State Bank Copy of signature card is attached.
<p>* 5. Will any person or entity other than licensee be entitled to a share of the profits of the establishment? If yes, explain.</p>	Yes <input type="radio"/>	No <input checked="" type="radio"/>		

<p>* 6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others? If yes, list such items and the owner.</p>	<p>Yes <input checked="" type="radio"/></p>	<p>No <input type="radio"/></p>	<p>Pool tables leased from Valley Vending Services, Inc.</p>
<p>* 7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business? If yes, explain?</p>	<p>Yes <input type="radio"/></p>	<p>No <input checked="" type="radio"/></p>	
<p>* 8. Are the premises to be licensed within 150 ft. of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 ft. of a college or university campus? If yes, list the name of such institution and where it is located in relation to the premises. Per Sec. §53-177.</p>	<p>Yes <input type="radio"/></p>	<p>No <input checked="" type="radio"/></p>	
<p>* 9. Is anyone listed on this application a law enforcement officer? If yes, list the person, the law enforcement agency involved and the persons exact duties.</p>	<p>Yes <input type="radio"/></p>	<p>No <input checked="" type="radio"/></p>	
<p>10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the person(s) who will be authorized to write checks and/or make withdrawals on accounts at such institutions.</p>	<p>Hastings State Bank, Lincoln Branch Ronald B. Tegtmeier</p>		
<p>11. List all past and present liquor licenses held by any person named in this application. Include license holder name, location of license and license number. Also list reasons for termination of any licenses previously held.</p>	<p>Ronald B. Tegtmeier: Country Gentleman, Crete, NE, Business closed (number unknown) Crete Country Club, Crete Ne, Business sold (number unknown) Hotel Wilber, Wilber, NE Business closed (number unknown)</p>		
<p>12. List the person who will be the on site supervisor of the business and the estimated number of hours per week such person or manager will be on the premises supervising operations.</p>	<p>Ronald B. Tegtmeier 40 plus hours per week</p>		

13. List the training and experience of the person listed in #12 above in connection with selling and/or serving alcohol products.	Training: Hospitality Course, 3 times Experience: years as employee/owner of various establishments, most recently Coyote Willy in Lincoln, NE.		
14. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership, if leased submit a copy of the lease covering the entire license year. (Documents must show title or lease held interest in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed)	Attached		
15. When do you intend to open for business?	August 17, 2005		
16. List the principal residence for the past 10 years for all persons required to sign application. If necessary attach a separate sheet.			
NAME	FROM (YEAR)	TO (YEAR)	RESIDENCE (CITY, STATE)
Tegtmeier, Ronald B.	1985	2005	Lincoln, Nebraska

The undersigned applicant(s) hereby consent(s) to a background investigation and release of present & future records of every kind and description including police records, tax records (State and Federal), bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation or any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete and/or inaccurate.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules, regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public. Must be signed by applicant and spouse; if a partnership, all partners and spouses must sign and corporation, all stockholders (holding more than 25% of the stock), officers, directors and spouses must sign. Full names only, initials not acceptable.

Sign
here

[Signature]

Sign
Here

Sign
Here

Sign
Here

Sign
Here

Sign
Here

Sign
Here

Sign
Here

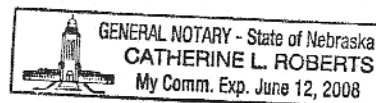
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AUG 10 2005

**NEBRASKA LIQUOR
CONTROL COMMISSION**

Subscribed in my presence and sworn to before me this 22nd day of July, 2005

(SEAL)



In compliance with ADA, this application for license form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternative format.

Sign
here

[Signature]

Notary Public Signature

Verify & Print form

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FORM 35-4010

1

REV 1/01

JUL 28 2005

**NEBRASKA LIQUOR
CONTROL COMMISSION**

TEMPORARY AGENCY AGREEMENT ID#

RECEIVED1. On July 15, 2005, Seller and Buyer entered into a contract for sale of the businessSpa, Inc., d/b/aknown as The Royal Grove

, which contract is contingent upon Buyer receiving

approval for a liquor license to operate the business.

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NEBRASKA LIQUOR CONTROL COMMISSION

2. Seller and Buyer agree to allow Buyer to operate the business, subject to approval by the Liquor Control

Commission, for a period not to exceed 120 days subsequent to August 15, 2005, the date of

filing the application with the Liquor Control Commission.

3. Seller will maintain a possessory interest in the property in the form of a lease, use permit or license;

4. Buyer will at all times be the agent of the Seller, but Buyer will be completely and totally responsible for the operation of the business and for all liability associated with the operation of the business during the time when Buyer is acting as Seller's agent; it is specifically understood that Seller shall have no liability for the operation of the business during this period of time, and Buyer agrees to indemnify and hold Seller harmless from any claims arising during this period of operation; however, it is understood that the liquor license remains in the name of the Seller and Seller will be responsible for all violations of the liquor laws of the State of Nebraska until such time as Seller's license is canceled;

5. At time of closing, certain funds will be held in escrow pending issuance of the license.

6. Financial Institution: Name, Address, Account number of where escrow account is being held

Hastings State Bank, 5849 Fremont Street, Lincoln, NE 68507#0916-228

7. All profits derived from the operation of the business by the buyer, after payment of bills and salaries, shall be paid to the same escrow agent to be held until the issuance of the license, it being specifically understood that the Buyer shall receive no profits from the operation of the business until the liquor license has been issued to Buyer, but shall have the right to direct the investment of profit funds by escrow agent.

8. This agreement constitutes the entire and complete understanding of all parties with regard to the agency relationship, and is binding upon the heirs, personal representatives and successors of the parties.

9. It is hereby understood that in the event the Commission denies this application, this Temporary Agency Agreement is null and void the date of the order.

Signature of
SellerTommy S. JelsmaSignature of
SellerNorma C. JelsmaSignature of
BuyerRuth JelsmaSignature of
Buyer

Dated this July 15 day of**RECEIVED****RECEIVED**

AUG 10 2005

JUL 28 2005

STATE OF NEBRASKA)

ss

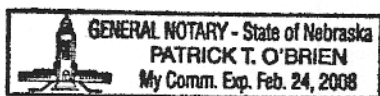
COUNTY OF LANCASTER)

**NEBRASKA LIQUOR
CONTROL COMMISSION****NEBRASKA LIQUOR
CONTROL COMMISSION**The above and foregoing Agency Agreement was acknowledged before me this 15 day ofby July 2005
Thomas J. Jelsma, as Seller
Norina C. Jelsma, as Seller.The above and foregoing Agency Agreement was acknowledged before me this 15 day ofby July 2005
Ron Tegtmeyer, as Buyer,
_____, as Buyer.

Signature & Seal of Notary Public

Patrick T. O'Brien

FORM 35-4231



RECEIVED**RECEIVED**

AUG 10 2005

JUL 28 2005

Application for Corporate Manager***Must Be A Nebraska Resident*****Please submit in Triplicate****NEBRASKA LIQUOR
CONTROL COMMISSION****NEBRASKA LIQUOR
CONTROL COMMISSION****Return to:** Nebraska Liquor Control Commission, PO Box 95046
301 Centennial Mall So., Lincoln NE 68509**Phone:** (402) 471-2571**Fax:** (402) 471-2814**Web address:** <http://www.nol.org/home/NLCC/>

Required areas marked by a red asterisk (*)

LIQUOR LICENSE INFORMATION

Name of Licensed Corporation

U.N.C.-R, Inc. *

Class & License number

C *

Trade Name of Licensed Premise

Uncle Ron's *

Street Address of Licensed Premise

340 West Cornhusker Highway *

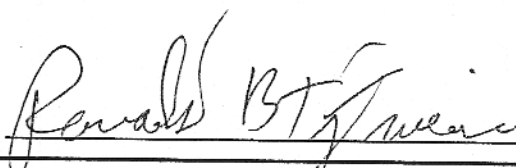
City

Lincoln *

County

Lancaster *

On behalf of the corporation, I designate this individual as corporate manager.

Signature of Corporate President/CEO:**APPLICANT INFORMATION (MUST BE 21 OR OVER)**

Full Name (Last, First, Middle, Maiden)

Tegtmeier, Ronald, Bert *

Sex *

F

M

C

G

Social Security Number

*
[Redacted]

Date of Birth

*
[Redacted]

Place of Birth

Crete, Nebraska *

Home Street Address

1800 Kennedy Drive *

City

Lincoln *

County

Lancaster *

State

NE *

Zip Code

68521 *

Home Telephone Number

402/484-5927 *

Business Telephone Number

402/474-2332 *

Drivers License Number

*
[Redacted]

State

NE *

Are You Married? * Yes ☐ No ☒ If Yes, You must complete the following:

SPOUSE'S INFORMATION (IF NOT MARRIED INDICATE)

Full Name (Last, First, Middle, Maiden)

N/A

Social Security Number

Drivers License Number

State

Date of Birth

Place of Birth

* 1. **READ CAREFULLY.** Answer completely and accurately.

Has anyone who is a party to this application, or their spouse, ever been convicted of or plead guilty to any criminal charge. Criminal charge means any charge alleging a felony or misdemeanor violation of a federal or state law; or a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

Yes No See attached.
☒ ☐

* 2. Have you or your spouse ever made application for any liquor license or manager for any liquor license? IF YES, for what premise give license number and date.

Yes No See attached.
☒ ☐

* 3. Have you or your spouse ever made a compromise settlement for violation of such laws?

Yes No
☒ ☐

* 4. Do you, as a manager, have all the qualifications required by any person entitled to hold a Nebraska Liquor License?

Nebraska Liquor Control Act (§53-131.01)

Yes No
☒ ☐

* 5. Have you filed fingerprint cards and **PROPER FEES** (if check, make out to the NE State Patrol), with this application?

Yes No
☒ ☐

RESIDENCES FOR PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE

	Year	
	From	To
Applicant: City & State		
Lincoln, NE	1985	2005
Spouse: City & State		
N/A		

	Year	
	From	To
Applicant: City & State		
Spouse: City & State		

	Year	
	From	To
Applicant: City & State		
Spouse: City & State		

	Year	
	From	To
Applicant: City & State		
Spouse: City & State		

EMPLOYERS - LIST LAST TWO EMPLOYERS

	Year	
	From	To
Name of Employer		
BCRT	1996	2005
Name of Supervisor	Telephone Number	
Bonnie J. Charlesworth	402/474-9459	

	Year	
	From	To
Name of Employer		
Schnießer Foods (Closed)	1996	1996
Name of Supervisor	Telephone Number	

RECEIVED **RECEIVED**

**PERSONAL OATH AND CONSENT OF INVESTIGATION - MUST BE SIGNED BY
APPLICANT & SPOUSE**

STATE OF NEBRASKA)

) SS

COUNTY OF)

**NEBRASKA LIQUOR
CONTROL COMMISSION**

**NEBRASKA LIQUOR
CONTROL COMMISSION**

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application, that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec. §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has **NO** interest directly or indirectly, an affidavit may be attached, however, fingerprint cards are still required to be filed.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete and inaccurate.

Paul B. Fyke
Signature of Applicant

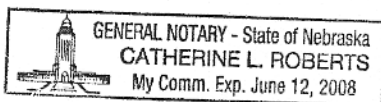
Signature of Spouse (if applicable)

Subscribed in my presence and sworn to before me this
22nd day of July, 2005.

Subscribed in my presence and sworn to before me this
____ day of _____.

Catherine L. Roberts
Notary Signature & Seal

Notary Signature & Seal



Verify and Print

FORM 35-4013
REV. 2/01

Application for Corporate Manager

Question 1:
Criminal Charges:

Name: Ronald B. Tegtmeier

Nature of Charge: Reckless Driving (1)
Where Charge Occurred: Lincoln, Lancaster County, Nebraska
Conviction/Plea Date: 02/13/1979

Nature of Charge: Driving Under Influence Liquor (1)
Where Charge Occurred: Crete, Saline County, Nebraska
Conviction/Plea Date: 09/28/1982

Nature of Charge: Reckless Driving (1)
Where Charge Occurred: Lincoln, Lancaster County, Nebraska
Conviction/Plea Date: 02/07/1984

Nature of Charge: Driving Under Influence Liquor (1)
Where Charge Occurred: Crete, Saline County, Nebraska
Conviction/Plea Date: 10/01/1985

Nature of Charge: Driving Under Influence Liquor (1)
Where Charge Occurred: Lincoln, Lancaster County, Nebraska
Conviction/Plea Date: 05/22/1989

Nature of Charge: Driving Under Influence Liquor (3)
Where Charge Occurred: Lincoln, Lancaster County, Nebraska
Conviction/Plea Date: 02/20/1992

Question 2.

Previous Liquor Licenses for Ronald B. Tegtmeier:

License numbers are unknown. All are prior to 1985

Country Gentleman, Crete, Nebraska (Business closed)
Crete Country Club, Crete, Nebraska (Business sold)
Hotel Wilber, Wilber, Nebraska (Business closed)

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AUG 10 2005

**NEBRASKA LIQUOR
CONTROL COMMISSION**

RECEIVED

AUG 10 2005

Corporation/LLC Application for License - Form 3

Nebraska Liquor Control Commission
NEBRASKA LIQUOR
CONTROL COMMISSION

RECEIVED

JUL 28 2005

NEBRASKA LIQUOR
CONTROL COMMISSION

INSTRUCTIONS:

- 1) Application and application for manager must be typewritten and submitted in triplicate
- 2) Fingerprint cards (2 cards per person) must be submitted for: a) each stockholder owning over 25% of the stock, b) chief executive officer, c) proposed manager and d) all spouses
- 3) Information regarding spouses must be completed

Required areas marked by a red asterisk (*)

Name of Corporation That Will Hold License. Attach copy of Articles of Incorporation

U.N.C.-R, Inc. *

Total Number of Shares (if corporation)

10,000 *

Corporate Street Address

340 West Cornhusker Highway *

Mailing address for receipt of Liquor Control Commission Mailings

340 West Cornhusker Highway *

Corporate Telephone Number

402/484-5927 *

City

Lincoln *

County

Lancaster *

State

NE *

Zip Code

68521 * - 3969

Name of Registered Agent

Ronald B. Tegtmeier *

Name of Proposed Manager

Ronald B. Tegtmeier *

IN THIS SECTION LIST THE NAME OF THE CHIEF EXECUTIVE OFFICER

Name

Ronald B. Tegtmeier *

Title

Manager-President *

Date of Birth

* *

Social Security Number

* *

Home Address (1)

1800 Kennedy Drive *

City

Lincoln *

State

NE *

Zip Code

68521 * - 5655

Home Telephone Number

402/484-5927 *

PRINCIPLE OFFICERS, DIRECTORS, STOCKHOLDERS, MEMBERS AND SPOUSES

Name of Officers, Directors, Members and Spouses.
Give Last Name, First Name, Middle, Maiden, and
any aliasesSocial Security
Number

Date of Birth

Title

Name

Tegtmeier, Ronald, Bert

President

Spouse Name

N/A

Partner Number of Shares / % 100

Spouse Number of Shares / %

Name of Officers, Directors, Members and Spouses.

Is this Corporation/LLC controlled by another Corporation?

Yes ☐ No ☒

Name of control Corporation

RECEIVED

AUG 10 2005

NEBRASKA LIQUOR
CONTROL COMMISSION

RECEIVED

JUL 28 2005

NEBRASKA LIQUOR
CONTROL COMMISSION

If YES, LIST EACH STOCKHOLDER/MEMBER OWNING MORE THAN 25% stock/interest in that corporation/LCC. Any applicant who has a Corporation as a shareholder MUST file an organizational chart listing all shareholders and/or corporations owning more than 25% stock and listing of the percentage of stock owned.

Please indicate below your corporate tax year with the IRS

Starting date: 9/1/2005 Ending date: 9/1/2006State of NEBRASKA

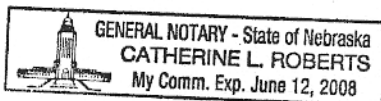
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LANCASTER CountyCatherine Roberts

Notary Public Signature & Seal

By Ronald B. Hyman
President/Member

In Compliance with ADA, this form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

Ronald B. Hyman
Secretary/Member

Verify Form and Print

FORM 35-4183
REV. 02/01